

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035918

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB      AMENDED      Registration District No. 138      Primary Registration District No. 5523      Registrar's No. 46      STATE FILE NUMBER.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO.      SHOULD READ

1	VS 300	DATE AMENDED
	Rev. 4/59	
2	10430	
	20331	
3		
4	0	
5	1	
6		
7	0	
8	2	
	99294	
10	42	
	11643	
12	91-	
13	10	

FILED OCT 15 1963

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Green Township</u> Length of stay in lb		c. CITY OR TOWN <u>Salem</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Do Terre Lake</u> Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> HOSPITAL OR INSTITUTION <u>State Park Swimming Area Conv</u>		d. STREET ADDRESS (If outside, give location) <u>820 E 4th St</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Jackie</u> Middle <u>Cleo</u> Last <u>DAVIS</u>			4. DATE OF DEATH Month <u>Oct</u> Day <u>10</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Sept 1-24</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (last birthday) <u>39</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
11a. FATHER'S NAME <u>Lewis LeRoy Davis</u>		11b. MOTHER'S MAIDEN NAME <u>Hattie Pettigrew</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>Bernardine Davis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or dates of service) <u>World War II</u>		16. SOCIAL SECURITY NO. <u>1100 21 1711</u>	
17. INFORMANT <u>Bernardine Davis - Salem, Mo.</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>While fishing in Boat</u>	
20c. TIME OF INJURY Hour <u>2:00</u> a.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Lake</u>	20f. CITY, TOWN, OR LOCATION <u>Lake Pammé De Terre Lake - Hickory</u> COUNTY <u>Mo</u> STATE <u>Mo</u>
21. I attended the deceased from <u>Did Not</u> to _____ and last saw her alive on _____ Death occurred at: <u>Around 6:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Dr. H. H. Hawkey Coroner</u>		22b. ADDRESS <u>1 Wheatland Mo.</u>	22c. DATE SIGNED <u>Oct 10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-13-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cemetery</u>	23d. LOCATION (City, town, or county) <u>Salem, Mo.</u> (State)
24. FUNERAL DIRECTOR <u>Wafol Funeral Home - Salem, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 10-1963</u>	26. REGISTRAR'S SIGNATURE <u>May Johnson</u>

(Licensed Embalmer's Statement on Reverse Side)

NOV 5 1963

OCT 17 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued Oct 19. 63  
(mg)